PTO/SB/06 (08-03) Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN (Column 1) OR SMALL ENTITY (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA 8ASIC FEE (37 CFR 1.16(a)) RATE s7700 OR TOTAL CLAIMS (37 CFR 1.16(c)) x s/8.0= minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) x s 86.P= minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) + 5296,= OR \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE ADDI-RATE ADDI-ENT **AFTER** PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus OR EN Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST  $\omega$ REMAINING NUMBER PRESENT RATE ADDI-RATE ADDI-ENT AFTER **EXTRA PREVIOUSLY** TIONAL TIONAL AMENDMENT PAID FOR FEE. FEE Total (37 CFR 1:16(c)) Minus 2 OR Ш Ш Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE ÓR ADD'L FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST REMAINING NUMBER PRESENT RATE ADDI-RATE ADDI-AMENDMENT **AFTER** PREVIOUSLY **EXTRA** TIONAL TIONAL **AMENDMENT** PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus OR Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR

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\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete,

TOTAL

ADD'L FEE

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OR

including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATIO				Analization			
Effec	Application or Docket Number 50047590-0059						
CLAIMS A	S FILED - PART (Column 1)	(Column 2)	SMALL E	NTITY		OTHER	
OTAL CLAIMS	/22	COMMINITE 2	RATE	FEE	OR 1		
OR	NUMBER FILED	NUMBER EXTRA	BASIC FE	<del></del>	┨	RATE	FEE
OTAL CHARGEABLE CLAIMS	1:2	NOISOEN EXTRA		370.00	JOR	BASIC FEE	740.00
DEPENDENT CLAIMS			X\$ 9=	<u> </u>	OR	X\$18=	
NDEPENDENT CLAIMS 3 minus 3 =		<del></del>	X42=		OR	X84=	
		+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2			TOTAL	1	OR	TOTAL	760
S DECLAIMS AS A	MENDED - PAR	IT II		·	•	OTHER	
(Column 1)	(Colu		SMALL	ENTITY	OR	SMALL	ENTITY
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Independent * 5	Minus ***	) = 2	X42=			X8 <b>6</b> =	19
FIRST PRESENTATION OF ML	ILTIPLE DEPENDENT	CLAIM "	7462		OR	^ <b>08</b> /F	10
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."					OR OR	+280= TOTAL	नि छ छ